Obesity Coding

The following information is taken from the "Obesity Coding Fact Sheet" by the Texas Pediatric Society.

- Before obesity and/or its complications are diagnosed, do not use "rule out obesity" as the diagnosis. Instead, use as many diagnosis codes as apply to report the patient's signs and symptoms and/or adverse environmental circumstances and to document the patient's complexity.
- Once obesity and/or its complications are diagnosed, report the appropriate definitive diagnosis code(s) as the primary code, plus as many other symptoms/complications that the patient is exhibiting as secondary diagnoses codes.
- Counseling diagnosis codes can be used when the patient is present or when counseling the parent/guardian(s) and the patient is not physically present.
- V-codes are used for occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems". Some carriers may request supporting documentation for the reporting of V-codes.

ICD-9 CODE	SIGNS AND SYMPTOMS
783.1	Weight gain (abnormal, excessive)
783.6	Excessive appetite, overeating of unspecified cause
300.11	Excessive appetite, hysterical
308.3	Overeating, as acute reaction to stress
307.51	Overeating of non-organic origin, bulimia, binge eating
307.52	Perverted appetite of non-organic origin, pica
307.59	Overeating, feeding disturbances of infancy
780.79	Fatigue/lethargy
701.2	Acanthosis nigricans, acquired
784.0	Headache, unspecified or vascular
307.81	Headache, emotional (non-organic origin), tension
346.90	Headache, migraine (unspecified), without mention of intractable
346.91	Headache, migraine (unspecified) with intractable migraine
704.1	Hirsutism
788.43	Nocturia
783.5	Polydipsia
783.6	Polyphagia
788.42	Polyuria
V11.9	Unspecified mental disorder
V21.0	Period of rapid growth in childhood
ICD-9 CODE	**PRIMARY DIAGNOSES (related to obesity)**
278.00	Overweight/obesity (unspecified)
278.01	Morbid obesity
307.50	Eating disorders, unspecified
259.9	Obesity of endocrine origin
V77.8	Special screening for obesity
277.7	Dysmetabolic syndrome X
571.8	Nonalcoholic steatohepatitis
780.79	Fatigue, general
244.9	Hypothyroidism, primary or NOS
V77.0	Screening for thyroid disease
278.8	Pickwickian syndrome (cardiopulmonary obesity)
780.57	Sleep apnea, obstructive
401.9	Hypertension, essential (unspecified)
405.19	Hypertension, essential (benign)
405.91	Hypertension, renovascular (unspecified)
V81.1	Screening for hypertension
272.4	Hyperlipidemia, unspecified
272.0	Hypercholesteremia, pure
272.1	Hypertrycliceridemia, pure
272.2	Mixed Hyperlipidemia
V18.1	Family history of hyperlipidemia
V77.91	Screening for lipid disorders (cholesterol/HDL/other)
759.81	Prader-Willi syndrome
758.0	Down syndrome
256.4	Polycystic ovary syndrome
ICD-9 CODE	**SECONDARY DIAGNOSES/COMPLICATIONS**
259.1	Precocious puberty
626.0	Amenorrhea (primary or secondary)
790.6	Hyperglycemia, NOS
V77.1	Diabetes, screening
250.0	Type 2 diabetes mellitus, controlled, no complications
250.02	Type 2 DM, uncontrolled, no complications
250.12	Type 2 DM, with ketoacidosis
250.90	Type 2 DM, with unspecified complications
251.1	Hyperinsulinemia
311	Depression, NOS
313.1	Disturbance of emotions specific to childhood/adolescence, with misery and unhappiness
732.4	Blount's disease (tibia vara)
732.4	Slipped capital femoral epiphysis
732.1	Legg-Calvé-Perthes disease
715.20	Degenerative arthritis, secondary, localized, site unspecified
715.00	Degenerative arthritis, generalized, site unspecified
574.30	Gallstones (cholelithiasis) without obstruction
574.31	Gallstones with obstruction
575.10	Cholecystitis
577.0	Pancreatitis
348.2	Pseudotumor cerebri

Current Procedural Terminology (CPT) Codes
Initial assessment usually involves time to determine the differential diagnosis, establish a diagnostic plan, and consider potential treatment options. Therefore, most clinicians will report an office/outpatient evaluation and management (E/M) code using time as a key factor or a consultation code for the initial assessment.

Office or Other Outpatient E/M Codes

99201/99202/99203/99204/*99205*	Use for *new* patients only; requires 3 of 3 key components or greater than 50% of the visit spent in counseling or coordinating care.
99212/99213/99214/99215	Use for *established* patients; requires 2 of 3 key components or greater than 50% of the visit spent in counseling or coordinating care.

Modifier 25
Use for separate, significant physician E/M work that goes above and beyond the physician work normally associated with a service or procedure.

Office or Other Outpatient Consultation Codes

99241/99242/99243/99244/99245	Use for new or established patients; appropriate to report if another physician or other appropriate source (e.g. school nurse, dietitian, psychologist, nurse practitioner) requests an opinion or evaluation of a child who is overweight or obese. Requires 3 of 3 key components or greater than 50% of the visit spent in counseling or coordinating care.

NOTE: Use of these consultation codes requires the following:
- Written or verbal request for consultation documented in the patient's chart.
- Consultant's opinion and physical findings, as well as any services ordered or performed, documented in the chart.
- Consultant's opinion, physical findings, and any services that are performed prepared in a written report, which is sent to the requesting physician or other appropriate source.

Prolonged Physician Services Codes

99354/99355	Use for *outpatient* face-to-face prolonged services.
99358/99359	Use for *non*-face-to-face prolonged services in any setting (such as coordinating dietitian, mental health, or other services).

- Use when a physician provides prolonged services beyond the usual service (e.g., beyond the typical time).
- An alternate to using time as the key factor with the office/outpatient E/M codes (99201-99215).
- Time spent does not have to be continuous.

- Codes are “add-on” codes, meaning they are reported separately in addition to the appropriate code for the service provided (e.g., office or other outpatient E/M codes (99201-99215)).
- If the physician spends at least 30 and no more than 74 minutes beyond the typical time associated with the reported E/M code, he or she can report 99354 (for face-to-face contact) or 99358 (for non-face-to-face contact). Codes 99355 (each additional 30 minutes for face-to-face prolonged service) and 99359 (each additional 30 minutes for non-face-to-face prolonged service) are used to report each additional 30 minutes of service beyond the first 74 minutes.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.